Transmittal of Applications (See Reverse Side for Instructions.)

Anthem.

Group Number	
Group Name	
Address	
Phone Number	
Date	

Employee Name Last	First	Middle	Customer ID	New Add	Change	Cancel	Reinstate (no lapse)	Rehire (lapse)	Cobra	Other (Explain)	Effective Date	Contract Type (Employee, Employee/Spouse, Employee/Child(ren), Family	Remarks

I hereby certify that the individuals listed above are Eligible Full-Time Employees of our organization who work the number of hours per week required by Anthem for eligibility and are regularly listed as full-time employees onour State and/or Federal Payroll Reports. I further certify that the above information is complete and correct

Signature of Employer or Employer's Authorized Signer

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